

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION  
AND SUBSTANCE ABUSE SERVICES  
Office of Administrative Services  
P. O. Box 1797  
Richmond, Virginia 23218-1797

NOTICE OF CONTRACT RENEWAL

**Contract # 720C-03935-05F 00**

**CONTRACT:** Health Care Services Network

**CONTRACTOR:** Anthem Blue Cross and Blue Shield  
2015 Staples Mill Road  
Post Office Box 27401  
Richmond, Virginia 27401  
FIN: 54-1773225  
Phone: 804-354-7000

**CONTRACT PERIOD:** January 1, 2008 through December 31, 2008  
(This contract has been renewed for 2006 with increases of 4% effective January 1, 2008 in the medical, dental and drug claim fees. This contract automatically renews from year to year unless terminated upon 30 days written notice by either party.)

**TERMS:** Net 30 days.

**VENDOR CONTACT:** General Contacts:  
Douglas R. Precourt  
Phone: 804-354-2848  
E-Mail: doug.precourt@anthem.com  
Brenda C. Rippey  
Phone: 804-354-3884  
E-Mail: Brenda.rippy@anthem.com  
FAX: 804-354-7724

**SCOPE OF SERVICES:** DMHMRSAS and Anthem Health Plans of Virginia, Inc., d/b/a Anthem Blue Cross and Blue Shield (Anthem) have entered into a contract for Anthem to provide standard claims administration services for DMHMRSAS patients/residents who have no health insurance coverage (Medicare, Medicaid or other third party insurance). Facilities that elect to utilize this service for a particular uninsured patient/resident shall:

- Ensure that the patient's/resident's name has been submitted to Anthem for enrollment in this program.

- When a covered patient/resident requires services by an outside medical provider, the facility shall make a photocopy of the Anthem card that has been provided to each facility. Write in the patient's/resident's name on the copy of the card and insert his/her client number after the prefix "YTA827". **Do not write on or send the original card to the provider.**
- Submit the photocopy of the Anthem card to the health care provider to which the patient/resident is taken.

This service is available for inpatient, outpatient, dental and prescription drugs (where these drugs are dispensed by the health care provider rather than through the Minnesota Multi-state Cooperative contract). The names of all uninsured patients/residents are provided and updated on a weekly basis by the DMHMRSAS Reimbursement Office. This list does not include patients/residents who are covered by Medicare, Medicaid or other third party insurers; therefore, if one of these patients/residents who are insured for medical coverage needs outside dental services, the facility should contact the Reimbursement Office in advance of scheduling service so that this patient/resident may be covered by the Anthem contract for those dental services that may be required.

This contract is not an insurance plan. Anthem will provide claims administration services as requested. The benefit of this contract to DMHMRSAS is that payments for medical and dental services will be based upon the Anthem Schedule of Allowances for the covered services. The Fiscal Office at Southside Virginia Training Center will reimburse Anthem on a monthly basis for payments made to providers under this program. This office will, in turn, IAT the facilities for their portion of this payment.

The costs to DMHMRSAS for this service is as follows:

- \$17.68 for each medical or dental claim paid by Anthem.
- \$2.66 for each drug claim paid by Anthem.
- A network access fee of 25% of the contract discount for services provided by health care facilities. This discount is defined as the difference between the provider's retail charge for services and supplies that are covered under this program less the amount of Anthem's allowable charges for those services and supplies.

Please contact the undersigned, if you have any questions or wish to report any problems regarding this contract.

By: David T. Ray

David T. Ray, CPPB, VCO

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Date: January 3, 2008